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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

VERSION AS APPLIED TO OBSTETRICS.

BY L. E. FRANKS, M. D.,
Of Rochester, N. Y.

It may be stated that our opinion is based upon the condition of the woman; size of pelvis, os uteri, membranes, bladder and rectum. Should there be nothing excessively abnormal about these parts we would be justified in our attempts to correct or alter the presentation into one of four: head, breech, one foot, or feet; yet, on no account, should we attempt to alter a presentation whilst there remains any reasonable hope of delivery without.

Still, as manual cases do occur, and that pretty often too, it behooves us as scientific practitioners to know when, where and how to act; also, what statement of the probable result to make to those most near and dear to our patient.

The cases calling for version may, for convenience, be submitted to two classes. Those in which the presentation is abnormal, and those depending upon a faulty condition of the maternal passages, or system generally.

In the first class may be placed every presentation except those of the head, breech, or lower extremities, and even one of these may be so situated as to call for the assistance of art.

To mention the presentations would be superfluous; neither is it necessary to remind you of the forty-four mentioned by one obstetrical writer,* that indispensably require that the child be turned, for, as we all know, each square inch of the child, if properly situated, might with just as much propriety be termed a presentation

as is placenta previa. But setting aside those cases requiring craniotomy, embryulcia, or Cæsarean section, the previous remarks will, I think, hold good.

Now with regard to the operation itself: authors differ widely, some advocating one position of the woman, some another. I, however, prefer the back, believing it to be easier for the patient and operator than any other; there is less straining of arms and legs, and the operator can, whatever the position of the child, use his left hand with the greatest facility. seize the foot, knee, head, or feet, as the case may be, whilst with the other he steadies the womb.

The rule, of course, as laid down in the books, is to use that hand which, when open, corresponds with its palm to the abdomen of the child. But, as we are not always sure of the exact position of the child, I think it better to act on the sure plan; hence the use in all cases of the left hand, the woman being placed as for lithotomy.

With regard to the part first extracted, aside from the head, all authors agree in the main point, which is to leave as much of the child to dilate the parts as possible, consequently a breech with both thighs on the abdomen is best, next to the head, in point of size, the circumference of that part, if the head, which presents, being from 12 to 13½ inches; whilst the breech with both thighs on the abdomen measures from 12 to 13½ inches; yet I imagine it as being much more compressible than the head, therefore, not so good a dilator. The breech with one thigh gives us 11 to 12½, and direct foot but 10 to 11½ inches.*

* Gooch.

* Churchill.

The increase of size afforded by one thigh added to the breech I regard as so inconsiderable as to be an object of slight importance. therefore, much inferior to both feet, should one feel disposed to use extractive force, which in certain cases may be admissible; it is also needless to remark that all traction should cease just previous to the expulsion of the shoulders, as it is not very desirable to disarticulate the neck.

Concerning its effects on the mother and child, statistics go to show that nearly one in fourteen of the mothers die, and even more than one in three of the children. The frequency of the operation, as taken from the English, French, and German practice, gives 505,691 cases, in which version was performed 4133 times, or about one in 122½.* To these statistics, however, I attach but little worth, not having been able to obtain a list of the peculiar conditions of either mother or child which rendered the performance of version necessary.

We will now consider some of the cases to which it is best adapted, as contracted or distorted pelvis. First, of contracted pelvis: in some of these cases it is allowed that turning will often work where the forceps are inadmissible,† so much compression having to be used as to cause fears for a living child. I refer now to cases in which the conjugate diameter does not exceed three inches, and it is stated that even version is useless should the pelvic diameter antero-posteriorly be less than two and six-eighths of an inch. Be this as it may, I think that without an accurate measurement by pelvi-meter, we would be justified in turning, it now being an admitted fact that the sutures lap more readily in "head last labors," and that it collapses easier in its width when made to enter the pelvis, base first.‡

The anatomical being much smaller than the obstetrical base, we have, in reality, a wedge. Simpson, Asiander, Baudeloque, and Barnes, all concur, with slight difference, that the head will pass through a contracted pelvis easier base first than vertex. Moreover, Dr. Barnes considers that delivery by turning should be the complement to induction of labor at seven or eight months. Here certainly is an item of no small importance.

The object of turning in contracted pelvis is not only to save the child, but also to abridge

the mother's suffering, and even though we acted on the supposition of the child's death, surely it would be more humane, *cæteris paribus*, to turn and deliver than to perforate, which can then be done, should our attempts to deliver be frustrated.

Besides the cases mentioned as applicable for the operation of version, may be mentioned prolapsed funis, convulsions, and unavoidable hemorrhage;* its utility is doubtful in one of these cases, that is, prolapsed funis, still, providing the pelvis be large and roomy, we may be able to deliver very quickly, and thus save the child, but, as we have before stated, one in three of the children so delivered die. The compression of the funis which takes place in these cases cannot well be avoided, therefore, should the head be delayed in the vagina, it would perhaps be advisable to place a tube in the child's mouth and excite respiration, as has been done by Baudeloque and Bigelow; for the compression of the head there is no hurrying help but the forceps.

Should we have the choice betwixt forceps and turning, I should prefer the former. An antero-posterior diameter of three and one-half inches is sufficient to allow a living child to pass with or without their use,† and it is considered a safer method than to turn, even in a pelvis of four inches, because the child can better bear compression of its head than severe extension of its neck.‡ and, even though the conjugate diameter be but three inches, the forceps can be applied.§

To determine the size of the pelvis we may place the patient under an anæsthetic, and introduce the entire hand into the vagina; should we conclude the pelvis is too small for the use of forceps, that is less than three inches, turn and deliver, or perforate.

The fact may be worthy of mention, that a Dr. Holcomb has successfully treated his patients affected with deformed pelvis, who could not give birth to living children, owing to the smallness of their passages, by bleeding, opium, digitalis and calomel. His figures tend to show that he has reduced the weight of children about one-half. His principle is to derange digestion and keep the liver morbidly excited. He cites cases of bilious and other fevers to confirm his doctrines; also the case of opium eaters.||

* Churchill.

† Radford, in Churchill.

‡ Barnes, p. 234, *Brustwall*, Jan. 1864.

* Churchill.

† Churchill.

‡ Baudeloque. See Churchill.

§ Dewees, p. 602.

‡ Dewees.

OPIUM INTOXICATION.

Read before the Meigs and Mason Academy of Medicine, at Middleport, O.

BY DR. J. B. MATTISON,
Of Chester, Mo.

More than a year has elapsed since we gave to the profession, through the columns of this journal, the history of a somewhat remarkable case of the subcutaneous administration of morphine.

This subject had been employing it for a period of more than five years, first using it for the relief of an obstinate neuralgic trouble, sciatica, in quantity varying from five to fifteen grains daily, according to the severity of his suffering, and the pressure of other circumstances over which he could exercise no control.

We advanced it as our opinion that much of this excessive consumption was not due, solely, to the urgency of his neurotic disorder, but that the man had been taken captive by the drug, which wields so potent an influence over man, psychically and physically considered; and entertaining this belief, and regarding the case amenable to treatment, we, at his request, instituted a plan of therapeutical operations which we hoped would have the effect of mitigating, if not entirely relieving, his physical distress, and, at the same time, release him from the seductive power which then enthralled him; promising, should the result be favorable or otherwise, to report the same to the profession.

This patient has now passed from under our observation, and the recent report* of an interesting and instructive address by the President of the American Association for the Cure of Inebriates, on the subject which heads this communication, would seem to present an opportune time for the summing up of this case, and deducing therefrom any points of practical value which may have presented themselves.

First and foremost, let it be noted that the result of our observations agrees with those of Dr. Parrish, and though our success was not as brilliant as in the cases detailed by him, yet it carries with it a certain amount of confirmatory evidence which may prove of value in the management of like cases in other professional hands.

Many remedial measures for the neurotic element in this case had been employed without radical relief, and, believing success in that di-

rection to be a *sine qua non* of treatment as to his over indulgence in morphia, that no abandonment of his baneful habit could be expected until exemption from bodily suffering should be so complete as to no longer demand it for that particular purpose, we directed our treatment primarily to that object.

Among various therapeutical agents enumerated by the patient as having been used (and as he was a man of intelligence and seemed to have kept himself unusually well informed, we had no reason to question his veracity), one powerful nerve tonic, arsenic, was conspicuous by its absence, and as, in our hands, in other neuralgic cases, it had yielded excellent results, we placed him upon the use of liq. pot. arsen., grt. v. ter die, to be gradually increased, and with it Moller's cod liver oil, the latter as a general nutrient tonic, without which, or a corresponding amount of highly nutritious food, we believe it difficult to secure signal success in the management of obstinate neuralgic cases occurring in broken down, debilitated constitutions.

Pursuing this plan of operation we soon began a systematic reduction as to the strength of his injections. And, the more surely to accomplish this, we administered them in person, meanwhile meeting the various indications which arose as a result of his long accustomed stimulus being withdrawn.

This course was persevered in for some time, until the diminution in the amount of morphia increased to two-thirds of a grain per diem; the former quantity, be it remembered, ranging from five to fifteen grains. Beyond this we found it difficult, and, as it eventually proved, impossible to go. Up to this point the man's determination to do all that within him lay towards ridding himself of his baneful habit had held out remarkably, but, at this juncture he showed signs of giving way, and, seeing him wavering, we suspended further reduction, hoping to hold him to that amount for a time and then continue the decrease. It was of no avail, however, for, after submitting to this maximum reduction a few days, his fortitude entirely forsook him, and, breaking through all restraint, he declared his determination of going back to his vicious practice, and, despite our remonstrance, he possessed himself of a syringe and resumed the injections as fully and freely as before, the last amount we had cognizance of averaging eleven grains per day.

* Vide REPORTER, No. 573.

Several interesting features of the case will bear mention somewhat in detail. This man began the use of morphia, not from any desire for increased mental activity or social enjoyment, but from sheer physical necessity, no other agent employed, seeming equal to cope with the severe pain of his intractable disease. And, in addition, we have no doubt that certain hygienic circumstances surrounding him contributed, in no small degree, to his inordinate use of the drug. Far away in the wilds of Australia, literally, a "wandering Jew;" at times, with a sufficiency of aliment inadequate to his need; borne down, doubtless, by a sense of his loneliness, his destitution and his bodily distress, we have no hesitation in believing that morphia was, at times, to him more than mere medicine, it was actual food, and it can easily be comprehended how, when suffering the pangs of hunger, he should fly to the solace afforded by this fascinating drug, and when fully under its influence become entirely oblivious to hunger, hardship, poverty, pain, and all his deplorable surroundings. If such were the facts in the case, they carry with them a suggestive teaching as to the paramount importance of placing favorable hygienic conditions around these victims of the opium habit, if we would succeed in bringing them out of the bondage which enslaves them, and confirm the second fact summarized by Dr. Parrish in regard to the use of opium, "men take it, not for social enjoyment, but for a physical necessity."

As has been observed, there is a wide diversity of opinion concerning the propriety of a complete or gradual withdrawal of the habitual intoxicant. There are those prominent in the profession who do not hesitate to affirm that "tapering off" will not result in a cure, and, in this particular instance one of the most eminent medical men in this country recommended the man to request his friends to place him in confinement and cut off his morphia at once and forever.

Despite all this, we incline to the belief that the plan of progressive decrease is most applicable to a majority of cases. It can readily be imagined what a profound disturbance of the whole economy must necessarily ensue on the accustomed stimulus being entirely withdrawn, and we can also appreciate the force of this man's assertion that, sooner than undergo such a procedure, he would attempt self-destruction. Other points in favor of gradual diminution

have been so thoroughly brought forward in Dr. Parrish's paper, that they need not here be repeated.

One of the most troublesome symptoms connected with the attempt to emancipate this man from opium was obstinate insomnia. For the relief of this, various hypnotics, singly and combined, were employed, but nothing answered the purpose so well as a combination of potass. brom. and tinct. hyoscyam, grs. xx, of the former, to 3ij of the latter, with which sleep was soon secured.

Another cause of annoyance and discomfort was profuse hydrosis. To check this, atropia was resorted to, hypodermically, one-sixth of a grain with the evening injection. and the success attending it was such as to fully confirm the favorable opinion entertained by Ringer and others concerning the value of belladonna or its alkaloid in excessive cutaneous secretion.

The atropia seemed also to exercise a salutary effect in overcoming a markedly torpid intestinal condition. At all events, its use was soon followed by more regular evacuations than had occurred for a long time, and, as belladonna was considered, by no less famous authority than Trousseau, as well as other observers, to be the remedy, *par excellence*, in habitual constipation, it is fair to presume it was the beneficial agent in this case.

How much effect potass. brom. had in diminishing the craving for opium, a virtue it is said to possess, we cannot say. Suffice it to state we gave it in gradually increasing doses, with a view of determining the *maximum* amount the patient would bear, and found this to be sixty grains, at bedtime, which produced no apparent ill effect, save an intense cephalalgia, "splitting," as he expressed it, the following day.

In conclusion, while admitting a lack of satisfactory success, we cannot refrain from expressing our conviction that the great element wanting towards carrying it to a gratifying termination was sufficient mental stamina on the part of our patient, coupled with hygienic circumstances not as desirable as could have been wished, and which, owing to inadequate pecuniary and social resources, he was unable to improve. That his physical condition improved was unquestionable, and that, had his social condition been on a higher plane, and he possessed of a fuller amount of courage and determination, the result would have been different, we think equally indisputable.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC BY PROF. WM. H. PAN-COAST.

REPORTED BY J. V. SHOEMAKER, M. D.

GENTLEMEN:—In the absence of my distinguished colleague, Prof. Gross, who is attending the meeting of the American Medical Association, at Detroit, it becomes my duty to hold the clinic of the college. The first case that I bring before you is a simple one, but one that you should understand. These ordinary cases of surgery, are those that you will first meet with. The patient, Miss L.—, aged 22 years, complains of a tumor on the upper jaw, which is very painful, and bleeds on the slightest touch. On examining I find a pulpy, vascular mass, just above the alveolar process of the superior maxillary bone, opposite the root of the second molar tooth. This pulpy mass is about the size of a small hickory nut, and, on probing it, you will see how readily it bleeds, and how great is its vascularity. It is deeply seated, evidently involving the periosteum. You can examine it as I pass the patient around. The cause is not known; some injury may have produced it, or some disease at the root of the tooth. The tooth itself appears sound. Although it seems a simple vascular tumor, caused by irritation, yet I think it is important to remove it at once. This I do, as you see, by stretching the cheek back with my finger in the mouth, and with the chisel end of this scalpel, I scrape out the tumor thoroughly, down to the periosteum. The bleeding is not so great, as I have removed the pulpy, vascular mass. I apply the strong solution of subsulphate of iron, which at once checks all hemorrhage, and makes a strong alterative impression on the surface, from which the tumor grew. This is all I shall do at present; if I find the root of the tooth involved, I will pull it out. The patient is to gargle the mouth three or four times a day, with an infusion of cinchona. $\mathfrak{z}\text{iv}$, containing a drachm of tinct. myrrh, and I will apply the salt of iron, or nitrate of silver, when I see her again.

Andrew Lawson, aged four months. This case is one of *simple harelip*, yet the fissure is very extensive. It extends far up into the nostrils. I have had the fortune to meet many such cases as this, and my operations have been followed with success. This is much easier than where we have a double or complicated harelip. The worst part of an operation is the anticipation of the suffering, and the patient having the certainty of relief from pain by the use of an anæsthetic, in ordinary cases, is relieved from this anticipation. It will not be necessary to give this young child ether, for it will not be able to comprehend, or foresee the pain, until it is felt. The operation consists of a little plastic surgery, which should be carefully and skillfully accomplished, in order to leave no deformity. The child is wrapped in a sheet tightly. My assistant can

then have perfect control of the child's limbs and body; then, with a sheet thrown across my legs, I grasp the child's head between them, and in this manner secure the head as if in a vise. My assistant, Dr. Barton, will grasp the upper lip, on each side of the fissure, so as to compress the superior coronary arteries, to prevent hemorrhage. I pass my bistoury through the upper lip, at the top of the fissure, about one-eighth of an inch from its margin, cutting as far into the nostril as I can, doing the same on the opposite side, and as I bring my knife down, cutting off this border, until near the lower margin of the lip. I now direct my knife outward, and, sweeping it around, make a triangular notch on each side of the fissure, my knife coming out at the margin of the mucous membrane. This enables me, when I bring the raw edges together with the toilet-pins, to depress the middle line of the ununited lip downward, so as to imitate the natural formation. If some method like this is not followed, a notch will be left in the middle of the lower margin of the lip, making a deformity, as I have seen in some cases where this or some similar plan has not been followed. I turn up the lip, cut through the mucous membrane, loosening the upper lip on both sides of the fissure freely from the bone, lifting up even the sides of the nostrils. This makes the flaps lie loosely, an important point in plastic surgery. I am now ready to draw the lip together. You see how readily I can approximate both sides of the lip. I pass a toilet pin through its thickness down to the mucous membrane behind, half an inch from the freshened edges. It passes through the opposite half lip in the same manner, and I now pass a well waxed silk ligature around the toilet pin, drawing the two halves of the lip easily and neatly together. The margins of the fissure are, as you see, neatly approximated. I now pass another toilet pin through both halves of the lip in the same manner, opposite the apex of the notch which I made by my incisions, and draw both halves of the lip again together with a ligature, in the same way. You see now the reason of this incision. The lip at the lower part of this juncture hangs down. I now take a very fine silk ligature (black sewing silk I prefer), and, using a fine needle, unite the edges of the mucous membrane accurately, at the lowest margin, and behind, with two sutures. Observe how well it looks; this little point hanging down in the middle of the lip, will contract, and draw up in time, so as to give a perfect and natural outline for the vermilion border of the lip, and not a notch as might otherwise happen. I finish the operation, by passing some more of the ligature around the toilet pins, and tie the loop, so as to support the lip on the pins, cut off the ends of the pins with these pin nippers, and place a small piece of adhesive plaster, under each end and head, to prevent this delicate skin from being abraded, cover the surface with soft oxide of zinc ointment, and apply a weak lotion of sulph. zinc and water, on a piece of linen, over the lip, supporting the cheeks, if necessary, by adhesive strips. To-morrow, or the day after, at

the furthest, one of the pins that can be removed with the least damage to the support of the lip, will be taken out; on Saturday the other pin, and the sutures may possibly be removed.

John Mintzer, aged 25 years. This patient sent for me last Saturday, hurriedly, thinking there was dislocation of the knee joint. On examination, I found he had a transverse fracture of the patella, and no dislocation. Six weeks before I was called to see him, he fell backward, while painting, and owing to the spasmodic contraction of the quadriceps extensor femoris, in trying to save himself, he caused the fracture. Owing to the length of time that has passed since the injury, and his using the limb, separation between the fragments was very great. I could lay three fingers in the depression between them. Notwithstanding the length of time since the injury, I thought it well to make an effort to benefit him. I extended the leg firmly, and approximated the fragments, by applying adhesive strips in the form of the figure of eight, above and below the fragments; then a strong bandage, from the thigh above downward, and from the leg upward, so as to force the fragments together, applying a padded splint on the posterior part of the thigh and leg, to keep the leg extended. As he was at my office this morning, I brought him around to let you see him. As the dressings are removed, and he passes around the room, you can readily recognize the fracture, and see the benefit he received from a little less than a week's treatment. The fragments are much more closely approximated; and I can now only bury one finger between them. I shall reapply this dressing, recommending in addition what I have found very useful, a strap, buckled around the thigh, over the bandage and just above the upper fragment, and another strap buckled around the leg below the lower fragment; these can be firmly drawn together by several straps from one, fastened to the buckles on the other, or tied together by strips of bandage. This draws the fragments and holds them firmly together; then reapply the splint on the back part of the leg and thigh. This method I much prefer to Malgaigne's hooks, or the wiring together. One well-known case in which the fragments of the patella were wired together, by the late distinguished surgeon, Dr. John R. Barton, terminated disastrously. [Here the Emeritus Professor of Anatomy came in, warmly welcomed by the class, and remarked that he was present at the operation just mentioned, and that the patient died from suppuration of the joint and pyemia, an affection not so well understood at that day as at the present.] By this treatment I hope to approximate the fragments so as to shorten the ligamentous union, which will greatly benefit him. I have made some cures, where the union was so close that I could not distinguish whether it was ossific union, or ligamentous. We generally anticipate ligamentous union, but that should not deter you, from endeavoring to make as close a union of the fragments as possible. The shorter the ligamentous union, the better will be the cure; and if it is so close that you cannot distinguish

whether it is osseous or ligamentous, it is certainly as good as if it was osseous union. I would like the patient to wear this dressing, if he is willing, for six or eight weeks; then I will apply an elastic knee cap, so as to protect the part, while he is regaining the active use of his limb.

Removal of the Left Superior Maxillary Bone, and a Large Portion of the Right, together with the Horizontal Processes of both Palate Bones.

History.—This case is a very serious one. The patient, Mr. Wm. W. Crawford, was born in Johnstown, New York, age 56 years, and since 1840 has been residing in Louisville, Ky. About 15 years ago a small ridge, about four or five lines in length, made its appearance just back of the left incisor of the upper jaw, which was partially decayed, and extended as far back as the molars. It continued to grow, but so slowly that it was hardly perceptible, and no pain was experienced, except sometimes, when he would contract cold; the teeth would then become sensitive, the ridge would inflame and become tender, which would disappear immediately, as soon as the cold would pass off, and health would return. This state continued until six or seven years since, when it commenced growing quite rapidly, and in the course of three years became so large that it covered more than one-half the roof of his mouth, and extended downward below the free margins of his teeth. On the first of July, 1870, he had it removed, together with six teeth on the left side, including the incisor. These teeth were more or less decayed. The wound healed within a week from the time of the operation, and was apparently in a perfectly healthy condition, and there was no soreness, or signs of a recurrence of the tumor, for two years. About July, 1872, it again commenced growing in the median line of the mouth, nearly opposite, but a little back of the left incisor, from which he always supposed the tumor originated. And it always made its appearance like a small boil. It increased very rapidly, and in about eighteen months became as large as before the first operation, and covered both the palate processes of the upper maxillary bones. During this time ulceration set in, and fetid matter was discharged constantly. The 30th of April of this year Mr. Crawford presented himself at my office, having been sent to see me by Dr. George Griffith, of Louisville, Kentucky. I examined the tumor, and found it to be of encephaloid character, very spongy in structure. The palate processes of both superior maxillary bones and the alveolar process of the left superior maxillary, were so much softened that I passed my trocar up through the bone into the antrum, and by moving it to and fro found it was filled with a spongy mass. He was suffering from periodical hemorrhage. The tumor was so vascular, and growing so rapidly, that I advised him to have it removed, as the only method to prolong his life, even if the cancer should again return, as the exhausting hemorrhage would continue, and probably

would increase in quantity. He told me he had seen two prominent surgeons of the city, and they advised him against an operation, under the circumstances. Although I was satisfied that the removal of the upper jaw was his best and only chance, yet I did not urge him to it, and wished him to make up his own mind. I therefore advised him to consult my colleagues, Professors Gross and Pancoast, and to obtain their opinions upon his case. This he did, and they coincided with my views without any consultation. Since the examination he has been attacked with a copious hemorrhage and for a time was exceedingly prostrated. Since he has recovered from this he has been under careful and thorough tonic treatment, about four weeks, with the happiest effects. He is very much improved in appearance and in strength, but to-day he has had again slight hemorrhage, and as the weather is becoming warm, I think it best to perform the operation at once. He has been carefully prepared for it, and has been gently purged, with cathartic pills containing blue mass. You thus notice that I have endeavored to prepare my patient carefully, so that he can bear the shock of the operation. I like to have all the chances possible in favor of the patient, and I would wait upon an operation a sufficient length of time, so as to have my patient in the best possible condition, rather than undertake it hastily and rashly.

In performing this operation, we must bear in mind the attachments of the superior maxillary bone. There are four main ones: through the malar bone, with the zygomatic process of the temporal and the external angular process of the frontal; on the inner side, by the nasal process of the superior maxillary. It is narrow, and articulates with the internal angular process of the frontal bone. In the mouth it is united to its fellow on the opposite side, and held firmly in position, by their palate processes, while at the same time it is attached to both the horizontal and vertical portion of the palate bone, which separates it from the sphenoid bone. After opening the face, the ordinary method of resecting the bone is to sever, with a stout pair of cutting forceps, the zygomatic process of the temporal bone; then passing one point of the forceps into the orbit, we cut through the junction of the frontal process of the malar with the external angular process of the frontal bone; then passing one blade of the forceps into the anterior nares, one into the inner side of the orbit, sever the connection of the nasal process of the bone from the internal angular process of the frontal. Then cutting through the palate process with the forceps, we depress the bone and remove it. In lecturing on the surgical anatomy of this part of the face, I have thought that as the malar bone is a solid and resisting one, it might be well to leave it in position, unless it was involved in the cancer, and thus secure support to the eyeball by its orbital process which forms a portion of the floor of the orbit, giving support to the eyeball, and greatly lessen the deformity of the face

after the operation. This, I have shown to my class, might be done by passing a chain saw through the speno-maxillary fissure, which runs forward in the floor of the orbit, near its anterior margin, and bringing this chain out in the mouth, between the superior maxillary bone and the ramus of the lower jaw. saw through, thus separating this bone, the superior maxillary, from the malar. I propose to do so on this occasion. And I have had a needle made for the purpose, by Messrs. Gemrig, which I here show you. It is a strong, narrow needle, semi-circular in shape, five inches in length, and modeled on the skull so as to pass readily around the malar bone, as I have described. The method of opening the face to expose the bone is a matter of great importance, and has received great consideration from many distinguished surgeons. Mr. Ferguson has suggested an N incision. Dieffenbach recommends a vertical incision in the median line, through the back of the nose to the upper lip, and a horizontal incision from one canthus to the other, leaving entire the lower eyelid. Mr. Liston made his flaps by three incisions; one from the external angular process of the frontal bone, through the cheek to the corner of the mouth; one along the zygoma, at right angles to this, and a third from the nasal process of the maxillary bone, dividing the ala of the nose from the bone, at its connection with the cheek, and through the middle of the upper lip. Gen-soul's method is an excellent one, where a large opening is required. A vertical incision is dropped from near the inner canthus of the eye, so as to divide the upper lip through, over the canine tooth. A horizontal incision is carried outward, commencing just above the lower margin of the nostril and terminating a third of an inch in front of the lobe of the ear. A third is carried down vertically from about half an inch from the external canthus of the eye. This I found to answer admirably in a rather remarkable case, upon which I operated in this amphitheatre, some years ago, before the Summer class of the College. The patient Mrs. — presented herself to me, with the left upper jaw completely involved, by an encephaloid cancer growing from the antrum of Highmore, absorbing the outer wall of the antrum, and causing a great protuberance of the cheek. The cancer was growing very rapidly, and the patient was seven months gone in pregnancy. I was very much embarrassed as to the course I should pursue. I feared lest the shock of such a severe operation might produce a miscarriage; and yet the cancer was so rapid in its growth, and the patient's health suffering to such a degree, the weather being very warm, that I feared she might not live to give birth to the child, or being too much exhausted by the disease, both mother and child might perish. After some thought and discussion of the case with my father, I decided to remove the diseased jaw, thus giving the patient a chance for her life, trusting that, under the anæsthesia of ether, no uterine disturbance or miscarriage would

occur. I performed the operation, making the flaps after Gensoul's method, so as to give me plenty of room to remove the large cancerous tumor. The patient, under the influence of ether, bore the operation well; there was no uterine disturbance, and no tendency to miscarriage; she did not even require the use of suppositories of opium, or an injection of laudanum. The wound healed kindly by first intention. In three or four days she was walking around her room, and in ten days went to her home in New Jersey; and was finally delivered of a fine healthy child, which she brought to show me. The case I afterwards lost sight of, and I fear the disease ultimately returned.

Mr. Crawford is now thoroughly etherized, and we will proceed with the operation. In his case I shall open the face after the method of Warren and Velpeau. The semi-lunar incision will give me all the room I want, will make less deformity, and from the support of the malar bone, will disfigure the face less than the other methods. In making this incision, we must recollect the position of the duct of the parotid gland (Steno's), which lies in a line, drawn from the lobule of the ear, to a point midway, between the ala of the nose, and the angle of the mouth, opening on the inner surface of the cheek opposite the second molar tooth. I shall make my incision so as to avoid injuring it. I now enter my knife on this left side, deeply, at once, to the bone, about three-quarters of an inch from the temporal margin of the outer canthus, sweeping down in a semi-lunar incision, through skin and fascia, to the surface of the masseter muscle. Putting the two fingers of my left hand into the mouth, and stretching the cheek, I make my knife pierce it, entering the buccal cavity in front of the edge of the masseter muscle, sweeping my knife forward, and pass around the opening of Steno's duct, notching my flap; I drop the blade again, and carry it downward and forward, then, changing its direction, I bring it out through the lower lip, at right angles to its margin, half an inch to the inner side of the angle of the mouth. I now turn up the upper flap, and dissect it loose from the bone while my assistants control the bleeding arteries. As I reach the nostrils, I dissect the attachment of the nose, from the nasal process of the superior maxillary, turning up the flaps and nose together, on the other side of the face, so as to expose the jaw. Now dissecting the flap from the lower margin of the orbit of the eye, cutting the inferior oblique muscle, and pushing up the eyeball, and adipose cushion-like support, I sufficiently expose the floor of the orbit; taking this curved needle I here show you, which has the chain saw fastened to it by a ligature, I pass it over the orbit, and through the speno maxillary fissure. You see the point presents itself easily and readily in the mouth, and I draw it, with the ligature and chain saw, quickly through. The chain saw rapidly severs the bone. Now with the cutting forceps, entering one blade in the nostrils, I cut through

the nasal process, of the bone where it joins the frontal; pulling this lateral incisor tooth, and passing one blade of the forceps on the floor of the nostril, and the other in the socket of the tooth, I readily cut through the junction of this bone with its fellow. With these Lion forceps of Ferguson, I depress the jaw with one hand, while I pass back my knife on the floor of the orbit, and divide the nerve where it enters the infra orbital canal. Now depressing still further, for that is the only way to remove the bone, pushing it down from its attachment with the palate bone, from the pterygoid processes of the sphenoid. You cannot push the bone upward on account of the ethmoid bone, nor from side to side. The softened jaw bone crushes under the powerful forceps. With my knife I cut through the tissues which hold it on the outside, and sweeping my knife backward, I dissect off the soft palate, leaving it, and remove the bone with the rest of the tumor. We now tie the bleeding arteries, which are mainly the facial and branches of the internal maxillary, the main trunk of which lies behind, out of the way of my knife, where it passes in between the ramus of the lower jaw and the internal lateral ligament. There seems to be no bleeding from its branches, but a general oozing from the mucous surfaces. I scrape away the softened palate process of the right maxillary bone, and the diseased structures, down to its alveolar process. There is some of the spongy growth in the right antrum. I break through its inner wall, removing all the diseased structures up to its orbital process, leaving only the outer shell of the bone. The soft palate dropping into the pharynx, seems to interfere with the patient's respiration. At the suggestion of my father, I will pass ligatures through it, and draw it up. I fasten one into the periosteum of the malar bone, and two more into the periosteum the tissues in the orbit. It seems to answer well, and the patient's breathing is better. Now with the hot iron, I touch all the suspicious points. There seems to be no hemorrhage from any place, and we think the wound can be closed. Taking these strips of patent lint saturated with our soap styptic, we pack the wound to its depth. You see how the malar bone which I have left, helps to support the packing. We draw the flaps together, with the interrupted sutures. The nose is again in its place, and you must be struck with the slight amount of deformity, after such an extensive operation. We support the flaps with strips of adhesive plaster, and apply patent lint saturated with benzoated oxide of zinc ointment, flavored with carbolic acid, apply a retaining bandage over the dressing, and it is complete. I will now send the patient to a private room in the hospital of the college, and give him at once a hypodermic injection of one-third of a grain of morphia; we will nourish the patient on beef tea, milk punch, ale, and fluid food, as he will have considerable difficulty in swallowing for several days. Although the patient has lost but little blood in the operation, yet, from the hemorrhage

preceding it, his system is so weakened that we must nourish him as thoroughly as we can.

Memorandum.—12 P. M., Wednesday, June 5. On visiting the patient at this hour, I find the two Professors Pancoast, and the chief assistant of the clinic, Dr. Barton, in consultation over the patient. Professor Wm. H. Pancoast states that since three o'clock in the afternoon, there has been a steady ooze of blood from the diseased tissues of the mouth and nostrils; no arterial flow; ordinary styptics, and even sub. sulph. iron, do not, check it sufficiently. The patient is decidedly weakened by it. The Professor fears to let it continue, as his pulse is weak, compressible and rapid, one hundred and fifty per minute, and, from the loss of blood previous to the operation, he thinks it is necessary to arrest the hemorrhage at once. The consultation is in regard to opening the flaps or tying the carotid artery. In consideration of the exhaustion of the patient, the renewed shock to him by opening again the face, the uncertainty then of being able to check the oozing, decides these gentlemen to ligate the carotid artery. They choose the primitive carotid artery, in place of the external, as the additional inflammation so near the top of the throat, if the external carotid should be tied, would materially increase the difficulty of swallowing. Prof. Wm. H. Pancoast ligated the primitive carotid artery, about three quarters of an inch below its bifurcation. The ligation was a somewhat difficult one, as the patient could not stretch his head backward, but owing to the oozing of the blood in his mouth, he was obliged to lie with his head over the side of the bed, so as to prevent suffocation. As soon as the ligature was applied on the artery, the oozing of the blood ceased. The patient's mouth and nostrils were cleaned out as well as possible, refreshing and stimulating drinks were administered to him, and a hypodermic injection of one third of a grain of morphia. Immediately after, he wrote on his slate that he was much better, could breathe easier, and was quite comfortable, and would get well.

Memorandum.—Monday morning, June 15th. I have just returned from seeing the patient. The wound has united by the first intention, and the patient at this time is walking around his room, in good spirits. Twelve days have passed since the carotid artery was ligated, and we are now looking for the ligature to come away every day.

Memorandum, June 29th.—The ligature came away on the fourteenth day. The patient is doing well, walking about and riding out. The external wound is completely healed, and the internal surface is cicatrizing and looks healthy.

JEFFERSON MEDICAL COLLEGE—CLINIC OF PROFESSOR S. D. GROSS.

REPORTED BY T. H. FENTON.

Congenital Hydrocele.

Willie K., æt. three months. In the child before us, you observe, the left side of the scro-

tum is very much distended. The mother tells us that it was so at birth. On examination we find the tumor is neither gaseous nor doughy to the touch, nor is the testicle at the bottom of the scrotum, as it normally should be. The tumor is translucent, whereas if it was hernial, it would be opaque, and the testicle would lie at the bottom of the sac, which in hydrocele is very rarely the case, the testicle, as a rule, being at the junction of the inferior with the middle third of the tumor. You also observe that the mass is not influenced by pressure, and that there is no material change in the overlying structures. There is less of a tumor in the groin than there would be if hernia were present.

We have distinct fluctuation here, which does not occur in hernia. In reducible hernia the contents of the tumor are easily replaced when the patient is put in the recumbent posture, which is impossible in hydrocele, no matter what position the patient may assume. In order to make the diagnosis positive, I will introduce a very delicate needle into the swelling, with a rotary motion, to condense the edges of the opening, thus allowing the escape of the contents. Upon withdrawing the needle you observe a drop of fluid exudes, showing, beyond question, that the affection is hydrocele. We have a considerable flow taking place from this aperture, and nearly the whole of the fluid has escaped, thus obviating the necessity of making a further incision. The child will require no further attention, except care and rest.

Hydrocele often occurs in children, although the tumor seldom grows to any considerable extent, the contents often disappearing spontaneously, and when treatment is required, it is much milder than is necessary for an adult. Good results have been obtained by the external use of iodine, or the lotion of the acetate of lead; or acupuncture may be necessary. A cure may be effected also by passing a thread, dipped in the tincture of iodine, through the tumor, and allowing it to remain from twelve to twenty-four hours.

Organic Stricture of the Oesophagus.

Mary H., aged three years. This child was first brought before us last autumn, suffering with an organic stricture of the oesophagus, the effects of some lye which she had accidentally swallowed in June previous, nearly a year ago. At the time of her first visit the stricture was very tight. We have not attempted to introduce any instrument, and, in fact, no possible good could result from the operation. A stricture caused by an alkali is generally not very dilatable. Organic stricture of the oesophagus is caused by a high degree of inflammation, by hot water, by the contact of acrid substances, such as alkalies and acids. The seat of the disease is in the lining membrane, and the cellular tissue immediately beneath, which are hard and resisting, and grayish or grayish white in appearance. The muscular tissue is involved only in cases of a very serious character. This child comes to us to-day, simply that we may see her,

and also that we may be informed what further developments have taken place in her condition.

Her physician tells us that she is now unable to swallow anything but liquids, and of these but a small quantity at a time. He also states that sometimes she cannot swallow anything of any description for several days. She once remained for a period of about fourteen days without taking any food by the mouth, and yet, withal, you notice how healthy and robust she appears.

Her bowels are in good condition, and the child seems perfectly comfortable. She has no fever, but is very restless at night. In view of this I would advise an enema, containing quiniæ sulph., grains jss, to be given twice daily. The prognosis is, of course, unfavorable.

Lupus of Nose and Cheek.

Mrs. F., æt. forty-five years. This woman complains of a tumor on her face. You observe on the left side of her nose a slight elevation above the skin. It is about three-fourths of an inch long and a half inch wide; there is also one on the end of the nose, about the size of a pea. It is a species of lupus. She does not complain of pain, but has a constant itching, which is very troublesome. She tells us that at one time it was entirely healed, but appeared again shortly afterwards. A period of ten years has elapsed since it first made its appearance. She also informs us that a scab comes off at intervals, varying from a week up to a month. Her diet affects it, although it is not susceptible to changes in the weather. We may arrest the progress of the morbid action by means of the knife, or with some suitable escharotic, as Vienna paste, the acid nitrate of mercury, etc. I prefer excision with the knife. We may by this means be enabled to prevent a recurrence of the disease. I therefore pass my knife carefully around it, as far as it extends, thus securing the whole of it. I shall now join the edges of the wound with the interrupted suture, and with strips of plaster. I shall not disturb the smaller growth at present.

April 18. The wound is closing nicely, and the parts are in good condition. I shall order a poultice of slippery elm to be applied, to be changed twice in the twenty-four hours.

Neuralgia of the Mammary Gland.

Mrs. R., æt. twenty years. This woman complains of a continuous pain, of a year's duration, running from the left "breast" to the corresponding axilla. The pain is most severe in the afternoon and at night, it is of a sharp stinging character, and is not preceded by a chill. She suffers from headache, loss of appetite and sleep. The pain is most severe in bad weather, and is evidently neuralgia. To-day the pain has lasted from nine A. M. until now (one P. M.). We shall order her a pill of

R. Pil. hydrarg.	gr. v.	
Pulv. ipecac.	gr. j.	M.

To be followed, if necessary, by a full dose of

Rochelle salts. To-morrow morning, at 8 or 9 o'clock, we will also put her on the use of quinine, giving her ten grains daily for a week. We shall also give her an ointment of

R. Veratria	gr. xv.	
Cerat. simp.	3 ij.	M.

This she will rub twice daily on the parts, over the course of the pain. The patient returns to-day, April 18th, much improved; instead of her taking ten grains of quinine daily, as she was directed to do, she has been, from a mistake, taking double the amount, which has produced a slight buzzing noise in the head.

The pain in the breast has disappeared, but there is some remaining in the side. We will now diminish the dose, giving her a two-grain pill of quinine three times a day, and let her keep on with the ointment. When you find the disease under your control do not stop your treatment immediately, but persist in it for a week or ten days.

Cystic Tumor of the Wrist.

Mrs. R., æt. fifty years. This woman has a tumor about the size of a walnut on the palmar surface of the wrist. It is simply a cystic tumor, or ganglion, in connection with the sheath of the tendons of the flexor muscles. There is no discoloration of the skin; the tumor is round, perfectly movable, and free from pain; the fingers cannot be bent, because the tumor impinges upon the annular ligament of the wrist. The sac is in direct connection with the sheath of the tendons, and the manner of its formation is still doubtful. I do not think it is of new formation, but simply a sacculated expansion of the sheath. It is mostly the result of inflammation, although very seldom caused by external violence. A pouch is formed, as it were, between two patches of lymph that have become organized. It is very frequently found in working people. I have a case at present under my notice, of a young girl, who is quite a constant and skillful performer on the piano, who has a tumor of this description on each wrist. As this tumor is rather firm and old, the patient stating that it has been there for more than two years, I shall not attempt to rupture it with my thumb, but use my sharp-pointed tenotome, and after the contents have escaped, inject it with tincture of iodine. I will now make a small incision with my knife, and, on withdrawing it, you see, as I press on the tumor, the contents escaping. The fluid has very much the appearance of currant jelly. We must take care, in our operations in this situation, not to injure the radial artery. The fluid in these tumors varies greatly in character; it may be like oil, may be semi-solid, or of a thick,ropy consistency.

In many cases you will find what we have here contained in this sac; a number of little bodies, very similar in size and appearance to a cucumber seed, lying in different compartments of the tumor. They are but masses of lymph detached from the sides of the sac. We

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must, however, be careful to remove all of them, as they cannot be absorbed. I shall now inject about a half ounce of the tincture of iodine diluted with alcohol, the strength being one part of the former to seven of the latter. This will have a tendency to change the action of the sac. I now apply a compress and bandage to the parts, order the arm to be kept elevated, and the patient to take light food.

MEDICAL SOCIETIES.

MEDICAL BOARD, EASTERN DISPENSARY.

STATED MEETING.

NEW YORK, May 7, 1874.

Dr. Mitchell introduced a case of

Myoparalysis and Parapais following Middle-third Fracture of Clavicle.

The patient, William Caddle, resides 18 Dover street, 35 years of age and married, being present, verified the following history:—

On Sunday evening, March 29th, 1874, about ten o'clock, in a fall, on the premises where he resides, from one landing of a stairway to another, suffered a simple fracture of the right clavicle, middle third.

Observed, on examination, the weight of the arm, together with the deltoid, pulling down the pectoralis minor and subclavius muscles forward and inward, and the sterno-cleido mastoideus in the opposite direction, both being largely developed, the subject being a very muscular waterman, left what appeared, at the time, to be a very unusual interspace. Immediately reduced the fragmentary bone, and applied segar-box splint, temporarily, to the longitudinal axis of the fractured bone. Directed ice-cold water.

The following morning, Monday, March 30, replaced the temporary dressings with the usual pad, made of wood, covered with wadding in this particular instance, however, and sling, together known as Levis' Clavicle Fracture Apparatus, with the addition of one or more modifying straps. Directed ice-cold water dressings for two or three days.

The case progressed favorably enough, without any unusual complication, till about April 19 (Sunday), when the attention of the patient was called to the unusual sensation of "pins and needles sticking him in the ball of the hand," followed by swelling of the prominence over the articulation of the second metacarpal with the first phalanx of index.

This gradually increased; then followed paralysis of the thumb, forefinger, and partial paralysis of the middle finger, accompanied with, first, diminished touch, and afterward loss of sensation of the parts named.

Sunday and Monday, April 26 and 27, the maximum of pain and paralysis was reached, thence the slight improvement succeeded.

Treatment by faradization was commenced about Friday, April 24th, and half-hourly sit-

tings were frequently had. The patient was instructed to have friction well and very frequently used upon the whole extent of the arm. Also, water was allowed to run upon the arm and hand affected, from some height, after the manner of a douche, though this was not well borne at first, and after short discontinuance, with benefit, was resumed.

Examination, June 4 (this anachronism, since these minutes were transferred, still later), shows the anterior, or palmar aspect of the thumb, forefinger, and middle finger without sensation, while the dorsal aspect is acutely conscious of external impression.

There is a reasonable amount of motion. The forefinger suffers most from lack of muscular control, standing erect when the hand is closed, as in grasping, and interfering in the prosecution of business duties. The pain, before mentioned, has subsided, and now gives the patient little or no trouble.

Patient requests the amputation of the forefinger, which is declined.

NEW YORK, June 11th, 1874.

The Committee to draft resolutions appropriate to the withdrawal of Dr. G. H. Mitchell, as Secretary of the Medical Board, E. D., offered the following report:—

Whereas, Dr. Geo. H. Mitchell has been Secretary of the Medical Board, E. D., for a period of six months,

Resolved, That Dr. Geo. H. Mitchell has, during that period, duly, accurately and satisfactorily discharged the functions of this office, supplementing the service as temporary custodian of the funds.

Resolved, That Dr. Geo. H. Mitchell is entitled to our sincere thanks, which are herein and hereby extended; these resolutions to be recorded on the minutes, and an attested copy forwarded.

Signed,

HENRY RAPHAEL, M.D.,

A. A. DAVIS, M.D.,

FULLER WALKER, M.D.

NEW JERSEY STATE MEDICAL SOCIETY.

The New Jersey State Medical Society held their 108th annual session at Long Branch, on Tuesday and Wednesday of last week.

At the fixed hour of meeting, 7½ o'clock, P. M., more than a hundred delegates and members were present from the several District Medical Societies of the counties in the State.

Ex-Governor Dr. Wm. A. Newell, a senior member of the District Medical Society of Monmouth county, within whose bounds they had met, gave the address of welcome.

After the report of the Committee on organization, the President, Dr. T. J. Thomason, of Monmouth, delivered the annual address, for which he received a vote of thanks from the Society, and a copy was requested for publication with their "Transactions."

The Society then adjourned and spent the remainder of the evening at the Mansion House, in a reunion with the District Medical Society

of Monmouth, whose hospitality was generous, and will long be remembered by those who received their grateful attention while in their care at this city by the sea.

Business was again resumed at an early hour on Wednesday morning.

The death of the late Dr. R. M. Cooper, of Camden, a former president and fellow of the Society, received merited attention, and arrangements were made for a detachment of the Society to attend the funeral next day.

Dr. Wickes, Chairman of the Standing Committee, made the annual report, which is a valuable document, containing an account of disease and its prevalence, with results in mortality, throughout the State, for the past year.

A revision of the Fee bill, with a report of the Corresponding Secretary and Treasurer, was followed by reports of corresponding delegations to other Societies.

Dr. G. H. Larison, Chairman of the delegation to the State Medical Society of Pennsylvania, and Dr. R. J. Punyen, Chairman of the delegation to the State Medical Society of New York, gave each their reports from those bodies.

Delegations from other States were present, and addressed by the President, and responded to by each, led off by Dr. —, of New York, and followed by Dr. O. Leary, of Rhode Island.

The third Vice President's essay, Dr. J. V. Schenck, of Camden, was an able paper on the Obstetrical Forceps. He received a vote of thanks, and was requested to furnish a copy for publication.

On application, a charter was granted to constitute a new District Medical Society in and for the county of Ocean completing the list of District Medical Societies in every county in the State.

Dr. J. W. Ward, of Trenton, physician to the New Jersey State Lunatic Asylum, and Dr. R. B. Batemen, of Cumberland, were appointed essayists for the coming year.

The Society, after concluding the usual routine business, went into an election of officers for the coming year, as follows:—

President.—Dr. Geo. H. Larison, of Hunterdon.

1st Vice President.—Dr. Wm. O'Gormann, of Essex.

2d Vice President.—Dr. J. V. Schenck, of Camden.

3d Vice President.—Dr. H. R. Baldwin, of Middlesex.

Recording Secretary.—Dr. Wm. Pierson, Jr., of Essex.

Corresponding Secretary.—Dr. Wm. Elmer, of Mercer.

Treasurer.—Dr. W. W. L. Phillips, of Mercer.

Three delegates were appointed to visit each of the Medical Societies of the following States: Pennsylvania, New York, Ohio, Delaware, and each of the New England States.

The Society then adjourned, to meet in Atlantic City, in their 109th annual session, in May, 1875.

This is the oldest Medical Society on the continent, and was organized at New Brunswick, in this State, in 1766, and now has over four hundred members.

BROWN COUNTY (OHIO) ACADEMY OF MEDICINE.

The Academy of Medicine met pursuant to call, May 20, 1874, in the Presbyterian Church, Georgetown, and was called to order by President Dr. T. W. Gordon, and prayer was offered up by Rev. S. A. Vanduyke. The secretary, W. W. Ellsberry, read the minutes of the previous meeting, which were approved, after which the President read his inaugural address, which was received with commendation. Members present:—Drs. Thos. W. Gordon, A. N. Wylie, D. Gould, E. R. Bell, J. C. Winters, W. W. Ellsberry, W. A. Dixon, and A. Williamson. On motion the Society proceeded to the election of members. The following named gentlemen were duly elected by ballot:—W. W. Love, I. M. Beck, J. M. Salbury, J. B. McLain, S. T. B. Black, S. C. Gordon, W. A. Bivans, A. M. Ellsberry, F. Smith, E. B. Fee, F. Eichler, Y. Stephenson. On motion the subject presented at the former meeting for discussion was taken up and discussed by the Society, all taking an active part, giving their views in brevity. On motion Drs. W. Love and W. W. Ellsberry were appointed delegates to the State Medical Society, to be held at Toledo, June 16th, 1874. It may now be said that the Academy of Medicine in Brown county is a living institution. [The best of feeling prevailed. Good dinners, good words, good looks, good everything characterized the meeting throughout.] J. M. H.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Blue Sweating.

The following interesting case is given by Dr. Stokes, in the *Dublin Journal of Medical Science*, December, 1873:—

A young woman, of full, rather voluptuous

habit, who had been in perfect health, was exposed to mental depression in consequence of a difference between her and her parents as to an affair of the heart. She remained for some time in rather a low, depressed condition, taking very little interest in the world, although she moved in fashionable society. Gradually a bluish hue appeared, but always under the eyes.

It extended to about an inch, or an inch and a half below the lower eyelid, and it remained singularly stationary. On some days the hue was less marked than on others. The curious part of the case was that this lady had no headaches; but, after a month or two, she became subject to singular trances, in which she would lie, to all appearance, insensible for an hour or two; latterly, indeed, the attack lasted several hours. On one occasion she remained perfectly insensible for five hours. While in this condition, except that she had not the shrunk face, an ordinary observer would believe her dead. The respiration was singularly low, so low as to be hardly perceptible, and only to be ascertained by a looking-glass. The pulse was slightly accelerated, but feeble; in this condition of perfect stillness she would remain for hours, and then suddenly, and without any effort, awake from it and speak. This continued for many months. She had an attack of trance every day, and sometimes twice a day. This lady was greatly distressed in consequence of the result of a consultation held on her. Two medical men were called in to see her, and they foolishly communicated to her their opinion that the whole matter was simulated, an announcement which produced on the girl a most terrible effect. The refusal of food, the length of the trances, the lowness of the spirits, all were immensely increased. At the end of a year one of her parents being persuaded there was no affectation, consent was given to meeting her wishes. She now rapidly recovered, and has remained perfectly well ever since. In this case little or no medicine was employed. It was hoped that attention to her general health, supporting her strength, and time, would be all that could be done for her. With a fine cambric handkerchief, a slight, but only a slight tinge could be obtained by wiping the colored part, and, whenever a certain amount of pressure was made on the part, there was, for a time, a great diminution of discoloration.

Amputation of the Penis.

Mr. Henry J. Tyrrell, F. R. C. S. I., says, in the *Dublin Medical Journal*:—In amputation of the penis, when, from the extent of the disease it becomes necessary to remove the organ from the pubes, the crura are liable to retract beneath the pubic arch, and, consequently, much difficulty is often experienced in arresting the hemorrhage from the stump.

An old man, aged seventy, with very extensive epithelioma of the penis, of four years' growth, was admitted into the Mater Misericordiae Hospital, under my care, last November. The disease engaged so much of the organ that I was obliged to remove it as far back as the pubes, and I adopted the following simple method of preventing the contraction of the corpora cavernosa.

Having with my left hand drawn the penis well forward, I transfixed, with a strong acupressure pin, the crura immediately in front of

the pubes, and tied a thin tape tightly round the penis behind the pin. I then, with one stroke of a small amputating-knife cut through all the organ in front of the pin. The tape being gradually loosened, all the arteries requiring notice were twisted; the urethra was next slit for half an inch, and I united the mucous membrane of the urethra to the skin by three sutures of carbolized gut; a piece of cork was stuck on the sharp end of the acupressure pin, which was not removed. No dressing was applied; and the patient was directed, when he desired to pass water, to press the bell-end of a vaginal glass speculum against the pubes, and to micturate through it. I also desired my dresser, Mr. Dempsey, if any hemorrhage came on during the day, to apply a figure of eight suture round the pin and over the stump, sufficiently tight to control it.

Everything went on well; no pain was caused by the pin. I did not remove it for three days. No further details are necessary.

It is quite evident that by the use of the pin in the manner described, all danger of hemorrhage is avoided; and also, by leaving it in for a few days, rest to the stump is secured, and time is given for the speedy union of the mucous membrane and integument.

As far as I know, this mode of treatment has not been before described.

On Enlargement of the Prostate.

Dr. J. S. Hough says, on this topic, in the *Medical Times*, Feb. 14, 1874:—

It is not difficult to understand that the prostate body, which remains undeveloped in the male so long as the organism is under the domination of the reproductive organs (testicles), should begin to develop when this influence is removed. So in the woman, when the reproductive faculty is extinguished at the menopause, or by ablation or disease of the ovaries, the uterus, which is the analogue or a part of the prostate in the male, degenerates, shrivels up, and is reduced in size. The uterus in the female diminishes in size from the same cause that the prostate increases in size in the male, viz., the deprivation of the domination of the sexual organs (testicles or ovaries). It would be interesting in cases of enlarged prostate to inquire whether there is loss of, or diminished, sexual power or vigor, as confirmatory of this theory.

It is no argument against this theory that enlargement does not always occur in old age, as one might imagine from the statements of the authorities cited; for all males or females, even when deprived of the essential organs of reproduction, do not develop secondary sexual characters of the opposite sex, though it is the rule for them to do so.

It is a rule, therefore, that enlargement of the prostate occurs in the aged (being indicative of decline in, or extinction of, the procreative faculty) for the same reason and under the same circumstances that atrophy of the uterus

takes place in the aged woman; both indicating a developmental determination towards an intermediate (hermaphroditic) sexual condition, caused by the elimination of the domination of the e-ssential organs of generation (testicles and ovaries).

This theory is strongly corroborated by the fact of the very great frequency of cancer of the uterus (of all the women dying of cancer, 28.66 per cent. die of cancer of the uterus), and the very great rarity of cancer of the prostate body (of all the men dying of cancer, only .27 per cent. die of cancer of the prostate).

Now, it is well known that cancer is a degenerative process or retrogressive developmental disease, and attacks the mammae, or glandular organs, and the uterus, a muscular organ, usually after they have ceased to perform their destined functions connected with reproduction. This being true, it is curious to note that the prostate is more or less enlarged in from 20 to 35 per cent. of all men dying after the fiftieth or sixtieth year; yet of all the men who die of cancer, only .27 per cent. die of cancer of the prostate, it being more than one hundred times less frequent than cancer of the uterus. The conclusion is, therefore, that, cancer being a disease which attacks organs that are degenerating, and itself further degenerating and destroying them, the enlargement of the prostate body is not a retrogressive but a progressive developmental evolution of the congenitally under-developed homologue of the uterus. The fact being established of the development of female organs and secondary sexual characters in old men, that is, a tendency towards hermaphroditism (which latter is an intermediate state between the separate male and female condition), is altogether in favor of an opinion which we have deduced from numerous observations, viz., that the type of all dissimilar species is sexually hermaphroditic; that is, the man is as much above the type as the woman is below it.

We conclude, therefore, that simple enlargement of the prostate body, far from being a diseased condition, is frequently, and indeed generally, but one of the exhibitions of the vibrations in the pendulum of developmental or evolutionary forces which determine and separate the sexes.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The *Dublin Journal of Medical Science*, May, 1874, remarks: "It is worthy of note, that the two last works on otology, of the present day, viz., Turnbull's and Roosa's, both emanate from the American press." This is a well merited compliment to the authors mentioned.

BOOK NOTICES.

Hints in the Obstetric Procedure. The Annual Address before the Philadelphia County Medical Society. By WM. B. ATKINSON, M. D., retiring President. Delivered May 8, 1874. Published by order of the Society.

It is long since we have read so practical an address, and still longer since we have laid eyes on any address delivered before the Philadelphia County Medical Society. It abounds in useful hints gained by close observation, and by a careful study of a large obstetric practice. Within the compass of twenty-eight pages the author gives the quietus to that mischievous proverb, "meddlesome midwifery;" shows how to treat "false pains," a rigid os, and obliquities of the womb; advocates the timely use of the forceps, and suggests different positions of the woman to suit various requirements of labor. He insists upon the "immediate removal of the placenta," and extols Crede's method as the best. After-pains are not looked upon as dispensations of Providence, but are at once exorcised by a stiff dose of morphia and chloral. The proper nourishment of the mother and the care of the child are next ably considered. He does not believe in "slops," nor do we.

Up to this point we can give the right hand of fellowship to Dr. ATKINSON, but on the obstetric binder he has the bad taste to disagree with our enterprising brethren in Montgomery county, Pa., who will be pained to find him upholding this relic of the dark ages. Our own indignation would be great, were it not disarmed by his next hint, the redeeming one, of opposing "the canonical purge on the third day." This, in our eyes, covers a multitude of sins, and very appropriately ends the address.

We have given a longer notice to this pamphlet than we usually accord to this class of medical literature. But, apart from its intrinsic merit, it deserves the meed of praise for being one of the very few annual addresses vouchsafed by the presidents of the Philadelphia County Medical Society, who toil not, and neither do they spin.

—Emily Faithful, the English lady, who is one of the most respected and able of the advocates of the interests of her sex, says that in her opinion the intemperate use of ice water is one of the causes of the delicate health of American women.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 4, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

The terms of these are as follows, payable in advance.

Med. and Surg. Reporter (weekly), a year,	\$5.00
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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF

THE MEDICAL AND SURGICAL REPORTER,

115 South Seventh Street,

PHILADELPHIA, PA.

THE CRY OF MAD DOG.

The periodical alarm about hydrophobia, which usually attacks the English and American newspapers in the early summer, has raged this year with unusual violence. Preventive measures are quite actively looked to for a few weeks, to be quietly dropped for the remainder of the year. Yet the absurdity of this sort of action is apparent to any one who will examine the history of the disease.

In a paper recently read before the College of Physicians and Surgeons of New York, Dr. CHARLES P. RUSSELL gives some valuable statistics of the disease, with reference to its frequency in various seasons of the year. 671 cases were in spring, 580 in summer, 583 in autumn, and 573 in winter. This was offered to show the absurdity of preventive measures in the use of muzzles during only one part of the year. The danger was greatest from vagrant dogs, of which there are more than 5000 in this city. That no precautions were taken against hydrophobia he thought remarkable, when sanitary precautions were so stringent. In the past year four deaths have occurred in this city from hydrophobia. There were sixty-three in the United States.

The feeling of alarm we referred to seems also to have extended to the European continent. According to a letter we have seen from Vienna, the disease is exciting public attention in the Austrian capital. So many cases of hydrophobia have lately occurred that the authorities consider there is at the present moment an epidemic of hydrophobia, and a meeting of veterinary surgeons has been called to consider whether there should be a general slaughter of all dogs found in the streets.

All sorts of suggestions have been made with reference to treatment. If not instructive, yet it may be entertaining to our readers to quote a few of them, especially such as have attracted the attention of our medical brethren abroad.

Dr. Jitzky lately communicated a very interesting circumstance to the Imperial Society of

Wilna, in Russia, respecting a very vicious dog, who had a habit of rending vipers (*Coluber berus*) into pieces, and whose muzzle and neck were covered with tumors produced by the bites of these reptiles. This dog was bitten by a rabid dog, which had caused death from hydrophobia to several horned animals and a young dog. The owner of the first mentioned dog, who valued it, kept it alive, but watched it continually, so as to destroy it on the first appearance of rabies. No symptom of the disease, however, appeared; and to the great astonishment of Dr. Jitzky and of its owner, the dog continued in perfect health. But what particularly attracted Dr. Jitzky's notice was, that a woman living in the same locality was first bitten by a viper, and subsequently by a mad dog, and hydrophobia did not ensue. This led him to ask if there was not an antagonism between the venom of a viper and that of rabies. If this be admitted it would be possible to preserve young dogs from hydrophobia by innoculating them with the venom of the viper. It is reserved for future experimentalists to decide the reason of the singular coincidence which occurred in the facts above cited. It also appears from the *Gazette le Kievanine*, that among the remedies vaunted against rabies, and which are about equally effectual, the "znakhars," a kind of wizzards in the south of Russia, employ the root of the black turbith (*Euphorbia palustris*).

A Mr. PRINCE has published in the *British Medical Journal* a recipe of considerable local celebrity, and which is said to have effected remarkable cures. It is as follows:—

R. Buxi sempervirentis	3j.
Antirrhini linariæ	3vj.
Hellebori foetidi	3ij.
Lichenis cinerei terrestris	3iij.

Powder the dry or bruise the green herbs in an iron mortar; put them into a quart of cold milk and boil down to a pint; strain while hot, skim when nearly cold, and then add

R. Pulv. gascoigne	3iv.
Pulv. jalapæ, ferri carbon. sing.	3ij. M.

One-third part of this mixture is to be taken on three consecutive mornings, fasting. The following directions are added: "If working of them too much make four of it for Christians, but for beasts three times as much. If the person is mad before taken in hand, mix the same quantity of powders as above in a teacup of new milk

till a drink can be made. Bleed once or twice in two or three days after the drink is taken. If the sign be high, put in the same quantity of powders as above (in the drink); if low, not quite so much. Half of this draught is considered necessary for a child seven years old. If the wound be bad, apply a clove of garlick." Hence, it appears to have been considered applicable even after symptoms of hydrophobia had commenced.

Gascoigne powder consists, we may add, of crabs' claws, hartshorn shavings and amber, in certain proportions.

The eminent physiologist, Dr. BURDON SANDERSON, has published a letter setting forth the symptoms of rabies, which cannot be too well known.

The premonitory indications of rabies in a dog are derived almost entirely from the observation of changes in its demeanor; consequently, although they may be too trifling to be noticed by a casual observer, they are fortunately sufficiently striking to arrest the attention of any one who is about a dog, and is familiar with its habits and individual peculiarities.

A dog about to become rabid loses its natural liveliness. It mopes about as if preoccupied or apprehensive, and seeks to withdraw into dark corners. From the first, there is usually a foreshadowing of that most constant symptom of the disease—depraved appetite. Mad dogs not only devour filth and rubbish of every kind with avidity, but even their own excrement—often immediately after it has been passed. Indications of this tendency appear early, and are more than suspicious.

Along with this peculiarity of behavior, it is of equal importance to notice that an infected dog, from the first, snaps at other dogs without provocation. This snappishness in most dogs is very striking. If a dog previously known to have no such habit snap indiscriminately at the first dog it meets in the yard or street, it is probably not safe.

The late session of the Am. Medical Association was a success in every particular. So say all the medical journals, with one trivial exception.

NOTES AND COMMENTS.

Therapeutical Notes.

HYDROCELE.

Monod's plan of injecting alcohol in cases of hydrocele is well known. We notice that a Dr. Surmay, a provincial practitioner, of France, has somewhat modified Dr. Monod's plan of leaving the fluid in the tunica vaginalis, and, before injecting the alcohol, he draws off the fluid, so that the alcohol which he employs, pure but weak, is in direct contact with the serous cavity, and thus produces a sufficient degree of inflammation to effect obliteration. He has found one injection insufficient, and has recourse to a second, which in general effects a cure. Out of twenty cases treated in this way he has had eighteen cures, but time alone will decide whether these will be permanent.

NEW ANTISEPTIC OINTMENT.

Professor Lister, according to the *Students' Journal and Hospital Gazette*, is at present using, with great success, an ointment composed of paraffin, 2 parts; white wax, 1 part; sweet oil of almonds, 2 parts; and boracic acid (powdered), 1 part.

The Syrian Fever.

The sad death of the historian, Buckle, at Damascus, of the two daughters of our much respected fellow citizen, President Woolsey, at Jerusalem, and others, have from time to time attracted much attention to the peculiar fever to which travelers are exposed in Palestine. A writer in the *Lancet* says that this so-called Syrian fever is a kind of severe remittent, accompanied more by gastric than enteric symptoms. It attacks travelers who have been exposed to much fatigue, to the effects of the sun, and to malaria or humidity during night encampments. It appears to be of a paludal origin, modified and aggravated by the other circumstances just mentioned. Its gravity does not depend so much on its nature as on its subjects, enfeebled by travel and exposure, and sometimes by privation.

A New Narcotic and Intoxicant,

At a meeting of the British Pharmaceutical Conference at Brighton, Mr. Keyworth brought forward a vegetable substance named koegoed (literally cow-good), an infusion of which is administered by the Hottentots to cattle, and

taken by themselves, when suffering from inflammation of the bowels through drinking brackish water. This substance has been identified by Mr. E. M. Holmes as the roots and procumbent stems of *Mesembryanthemum tortuosum*, a plant belonging to the natural order Ficoideæ. Besides being used as above stated, it is chewed by the Hottentots as an intoxicating agent, and appears to possess narcotic properties which deserve further investigation.

Skunk Deodorant.

Apropos of an article on "skunk madness," which we take from the *American Journal of Science*, we note that a correspondent in Pittsburgh sends to the *Druggists' Circular* the following recipe for a deodorizer of skunk perfume.

R. Spirits of turpentine, $\frac{3}{4}$ x
Alcohol, $\frac{3}{4}$ j. M.

Sprinkle on the clothing; allow to evaporate in open air. In a few days the disagreeable odor will be effectually removed. This mixture does not injure the finest fabric, and will be found also useful to take out the smell of the muskrat. We presume the disinfecting properties of the deodorizer are due to the ozone which is known to form in notable quantities when turpentine is evaporated in open air.

Sanitary Value of Iron in Soils.

The *Journal of Applied Chemistry* informs us, according to Schœnbein, many waters possess the power of decomposing peroxide of hydrogen into water and free oxygen without appropriating the latter; and, further, that this agreed with the fact that, after boiling, the water lost the power of producing this effect. It is, however, evident that this action upon peroxide of hydrogen was not produced by organic nor organized matter, but was caused by the suspended humate of iron, which, like all ozonides, is decomposed in the presence of peroxide of hydrogen (an antozonide) into protoxide of iron and water, evolving free oxygen. That this power is destroyed by boiling is due to the circumstance that the precipitated carbonate of lime carries down with it the humate of iron, and in this manner clarifies it.

This shows what an important part is performed by the oxide of iron in the soil as a purifier, by converting organic matter into humoid matter.

Dr. Sage's Catarrh Remedy.

A writer in the *American Journal of Pharmacy* says that a mixture in the following proportions very closely resembles Dr. Sage's Catarrh Remedy:—

R.—Hydrastis canadensis,	gr. v;
Indigo,	gr. ss;
Camphoræ pulv.,	
Acidi carbolici,	ss gr. ij;
Sodii chloridi,	gr. l.

Powder the camphor by means of a drop of alcohol and mix with the salt, previously reduced to a moderately fine powder; rub the indigo and carbolic acid together, mix with the salt and camphor, and lastly add the powdered hydrastis, and mix intimately, without much pressure, in a mortar.

Amount of Bile Secreted.

Von Wittich, in *Pflüger's Archives*, details some observations on the human bile obtained from a patient with biliary fistula, caused by impaction of gallstones in the cystic duct. For a considerable time the whole of the bile was discharged through the fistula, and the total daily discharge was 18.088 fluid ounces.

CORRESPONDENCE.

Cancer Cures.

ED. MED. AND SURG. REPORTER:—

Enclosed find recipes for the cure of cancers. I give them to the profession in order that they may head off those cancer quacks who live upon the fears and credulity of mankind, everything coming beneath their notice classed as cancers, from a seed wart up to a bona fide cancer. It was purchased by one of their patients, from one of the most successful cancer doctors that ever visited this section of the country. And as far as I have known and seen its action, it is one of the most effectual and reliable of any recipe, to my knowledge, in print. I give them *verbatim et literatim*.

R. Arsenic,	
Rochell salts,	
White vitrol,	
Sulphur,	ss

Mix with yolk of eggs to the consistence of batter, and put into a new earthen dish, put into a brick or stove oven, slowly bake it until it rises up higher than the top of the dish, like a well done, rich cake; let it cool and rub up fine; mix a little of the above with the yolk of an egg and apply to the cancer. Change it every two days; do not make the plaster quite as large as the cancer for it will find the whole of the cancer, let it extend ever so far.

Salve to use after the cancer is out:—

R. Fresh butter or lard,	℥ij,
Beeswax,	℥iv.
Pine turpentine,	℥vj.
Pure honey,	℥ij.
Resin,	℥ij.

Melt all together, and set off the vessel from the stove, and when partly cool add half an ounce of finely pulverized verdigrise; stir until cool. This salve is to be used first after the following, to heal the sore:—

R. Hog's lard,	℥iv.
Beeswax,	℥ivss.

Melt together and stir until cool.
Also for cancer (a milder recipe).

R. White vitrol,	2 parts.
Arsenic,	1 part.
Corrosive sublimate,	$\frac{1}{2}$ part.

Mix this powder with simple cerate. Mix well and apply a little of this to the cancer every day, until it is out, and heal it with the healing salve. Also a syrup made from the following ingredients:—Sassafras, guaiac wood, mandrake, yellow dock, blue flag, Turkey pea, stillingra, and toad plantain.

N.B.—I don't take any stock in the syrup; it is given only to amuse the patient.

By the addition of q. s. of morphine it deprives the plaster of that excessive pain attending its use.

I hope physicians will try the above recipes and save their patients the trouble of going to Rome, N. Y., and other cancer doctors. And if their patients will have their warts, cancers, etc. (or whatever else they have), *eat out*, let the regular profession do it. Yours,

THOS. E. WAKEFIELD, M.D.

Unstopping a Deaf Ear.

ED. MED. AND SURG. REPORTER:—

June 3d, 1874. C. G. B., aged sixty, complained of sudden deafness with the right ear, accompanied with a feeling of pressure on that side of the head, roaring and buzzing noise, etc. Examination of the meatus auditorius with speculum, revealed a dark mass at or near the tympanum. Ordered injected into the meatus, with a fountain syringe, small nozzle, nitrate potassæ, grs. x in aqua, 98 Fahr., one quart; in the evening to have dropped in the ear gtt. iv of the following:—

R. Glycerine,	℥j.
Acid carbolio,	gtts ij. M.

And a pellet of wool to be kept in the ear. This treatment was repeated once each day, to the 8th inst., at which time the injection brought away a large quantity of inspissated cerumen, with immediate relief of pressure, noises, and restoration of hearing. CHAS. G. BACON.

Fulton, N. Y.

NEWS AND MISCELLANY.

To Correspondents.

Owing to circumstances entirely beyond the control of the Editor, much delay has occurred in all the departments of the REPORTER; a short time will enable us to have matters working harmoniously again.

The University of Pennsylvania.

The annual announcement of the course of studies, etc., to be pursued at this Institution during the coming session of 1874-75 has been made. After speaking of the many opportunities offered by the Wistar and Horner Museum, with which the College is connected, as also of those offered by the cabinet of the Professor of the Practice and Theory of Medicine, the circular goes on to say that "before the opening of the winter course of lectures for 1874-75 the University Hospital will be in full operation. An elegant, commodious edifice, constructed according to the best established principles of hospital architecture, provided with all the appliances pertaining to such institutions of the first class, and adjacent to the new Medical Hall, this hospital will form an integral portion of the Medical Department. Attendance on the clinical lectures delivered in its amphitheatre and its wards will form a part of the daily privileges of the students, and ample opportunities will be afforded to the more advanced among them to gain a personal and practical acquaintance with clinical medicine, surgery, obstetrics and specialties. These subjects will be taught by the several clinical professors in the University and by the professors and lecturers at the hospital."

Jefferson Medical College.

The fiftieth annual circular of this Institution states that the class of last session numbered 473 matriculates, the largest assembled in Philadelphia since the war, and representing all portions of the United States, as well as England, Scotland, Canada, New Brunswick, Nova Scotia, Germany, Russia, Cuba, Porto Rico, Mexico and India.

The graduating class of 1874 numbered 154, and the whole number of graduates to date is 6352.

The course of lectures preliminary to the course of 1874-75 will open on Monday, September 7th. During this course lectures, clinical and didactic, will be given in the mornings, leaving the afternoons for dissecting. Prizes for superiority in certain studies are offered.

The Presbyterian Hospital of Philadelphia.

The third annual report of this Institution states that during the past year 371 patients have been admitted to the hospital, of whom 251 were males and 120 females. Of those

under treatment, 182 were discharged cured, 121 improved, 43 not improved, and 31 have died. The percentage of deaths was 12.

Of the patients treated, 50 per cent. were Americans, 41 per cent. natives of Great Britain, 7 per cent. natives of Germany, and the remainder natives of various European countries.

The Hospital is situated at the corner of Thirty-ninth street and Powelton avenue, occupying about three acres of ground. Arrangements are being made for the endowment of free beds, so that a greater number of destitute persons may receive medical treatment at the Institution.

State Board of Health of Massachusetts.

To the Medical and other Correspondents of the State Board of Health:—

It is the painful duty of the Chairman of the State Board of Health to announce the death of the Secretary of the Board, Dr. George Derby.

The Board have appointed Dr. F. W. Draper, temporary Secretary, to perform the duties of the office until a permanent Secretary is chosen. All parcels or letters may, for the present, be directed as heretofore, to 102 Charles street, or to 36 Worcester street, Boston, the residence of Dr. Draper.

HENRY I. BOWDITCH, M.D.,

Chairman of the State Board of Health.

Boston, June 25, 1874.

A Patron Saint for Physicians.

In M. le Duchat's *Vie de Rabelais*, the following anecdote is told of him:—Kneeling one day in front of a statue of Charles VIII, in a church at Mézières (I think it was), a monk, thinking that Rabelais mistook the figure for a statue of a saint, went to him to apprise him of his error. "I am not so much of a blockhead as thou thinkest me," replied Rabelais; "nor yet so blind as not to know that I am kneeling before the statue of King Charles VIII, for whose soul I am praying, because he brought the pox out of Naples into France, by which I and other physicians have been great gainers!"

Intemperate Temperance.

During the late temperance excitement at Worcester, Mass., the use of wine at the communion table was condemned, several women speaking of incidents coming under their own observation of its unfortunate effect upon reformed inebriates. A pledge of clergymen against this was suggested.

—DEAR DR.—Would it not be well to caution your readers against a person going around, who likes to write his messages at the office table, and who before leaving lays hold of gold pens, and such valuables as he can find in any place that he can investigate? Very Respectfully,

T. B.

Personal.

—Drs. Richard J. Levis and Daniel G. Brinton, of Philadelphia, left for Europe in the American Steamship Indiana, on the 22d ult. Dr. Chas. S. Turnbull sailed in the Pennsylvania on the 2d inst.

OBITUARY.

THE LATE DR. GEORGE MENDENHALL.

The family and the many friends of Dr. Mendenhall had long ago made up their minds that the late lingering illness would be his last. He had always worked hard; and this it was that pulled him down in the midst of his great usefulness, gave him the stroke of paralysis from which he suffered, and caused the softening of the brain, the immediate cause of his death.

George Mendenhall was born in Chester County Pa., in the year 1817, of Quaker parents, and he bore the traces of his origin in his face and manner, and carried out the teachings of the Society of Friends in his correct life.

He received his early medical education in the medical department of the University of Pennsylvania, at Philadelphia. Thence he immigrated to Cleveland, but the climate of that city, always dangerous for those of a consumptive nature, drove him to Cincinnati. This was about the year 1842. In conjunction with the father of Dr. W. H. Mussey, Dr. Mendenhall started the Miami Medical College of Cincinnati, in which he was Dean, and Professor of Obstetrics and the Diseases of Women and Children. As is known, this institution succumbed to the effects of the war, and was closed. Dr. Mendenhall then identified himself with the Sanitary Commission of this city, and, as usual with him, worked hard. At the close of the war he assisted in re-creating the Miami College, and occupied the same position in it as in the old one, and was connected with the institution as long as his health allowed.

In the year 1870 he was elected President of the American Medical Association, at its session in New Orleans. He was also a prominent member of various State and local medical societies. Some years ago he published a *Vade Mecum* for medical students, which obtained an inter-State reputation and passed through several editions. It is still a popular handbook among the class for which it was especially designed. He was an associate editor of the *Lancet* and *Observer*, to which and to other medical magazines he contributed largely and ably.

In the summer of 1872 Dr. Mendenhall visited Europe for his health, but was not idle even there.

When the American Commission to the Vienna Exposition was being reorganized, after the disgraceful disclosure of the transactions of some of its first members, Dr. Mendenhall, being one of the prominent Americans then in Europe, was appointed a Commissioner. It is said that the hard work and mental anxiety that he then endured hastened his death. He was obliged to leave Vienna, and almost immediately returned home. Since that time he has been a confirmed invalid, scarcely able to walk without assistance. He died at his residence, southwest corner of Eighth and Race streets.

Mrs. Mendenhall survives her husband, and he leaves behind, also, two grown up sons and one daughter, the wife of Larz Anderson, Jr.

MARRIAGES.

BLEYTHING—BULFINCH.—At St. John's Church, Savannah, Ga., May 27, Dr. George D. Bleything, of New York, and Marie H., daughter of late Rev. S. G. Bulfinch, D. D., of Cambridge, Mass.

BOWNE—WILLIAMS.—At the residence of the bride's parents, by the Rev. B. S. Everitt, Dr. Edward H. Bowne, of Hightstown, and Carrie Etta Williams, of Jamesburg, N. J.

BRAMLETTE—ADAMS.—At the Louisville Hotel, Louisville, Ky., June 3d, by the Rev. M. B. Wharton, Thomas E. Bramlette, ex-Governor of Kentucky, and Mrs. Mary J. Adams, daughter of Dr. C. C. Graham, all of Louisville.

DONALDSON—HOPKINS.—In Salem, Vt., May 20th, by Rev. James Hay, William A. Donaldson, M. D., of West Burke, and Mary L. Hopkins of Salem.

GOODMAN—MIFFLIN.—Thursday, May 28th, at the residence of the bride's parents, this city, by the Rev. William Greenough, Mr. E. Ellerslie Goodman, M. D., of Mill-Creek, Pa., and Miss Mary Mifflin.

HARRISON—PAGE.—On Wednesday evening, June 3, 1874, at St. Stephen's Church, by the Rev. William Rudder, D. D., Henry Huntington Harrison, of Sussex county, Va., and Margaret Burd, youngest daughter of Dr. William Burd Page, of this city.

HYATT—YOUNG.—On Wednesday, June 3, 1874, at the residence of the bride's parents, New Brunswick, N. J., by the Rev. Alfred Stubbs, D. D., Edgar S. Hyatt and Annie F. daughter of E. B. Young, M. D.

STEVENS—GWYNETH.—On Thursday, the 28th ult., at the house of William O. H. Gwyneth, Vineland, N. J., by the Rev. E. R. Beadle, D. D., A. H. Stevens, M. D., and Ara C. Gwyneth, all of Philadelphia.

WEST—WILTANK.—On the evening of the 10th ult., by the Rev. W. H. Graff, Mr. Julius S. West and Annie R., daughter of the late John Wiltbank, M. D., of this city.

ZEIGLER-MERRILL.—In Barton Landing, Vt., May 21st, by Rev. E. W. Culver, I. G. Zeigler, M. D., of Braidwood, Illinois, and Anna L. Merrill, of Barton Landing.

HART—FELLGER.—On Wednesday, June 3, 1874, by the Right Rev. James F. Wood, D. D., Mr. Charles Hart and Miss Louise Fellger, daughter of Dr. Adolphus Fellger, both of this city.

DEATHS.

BERRY.—In Cambridgeport, Mass., May 4th, Carrie F., wife of Horace Berry, M. D., and daughter of John B. Peckett, Esq., of Bradford, Vt., aged 20 years.

COMSTOCK.—At New Canaan, Conn., May 27, Lizzie, wife of A. Comstock, M. D.

DAVIS.—At Marlborough, N. Y., on Friday, May 29, Henry Ellsworth Davis, M. D.

GOODWILLIE.—On Wednesday morning, June 3, David, youngest son, of Dr. D. H. and A. E. Goodwillie, aged 1 year and 4 months.

HEATH.—In Groton, May 18th, of palsy, Dr. S. Heath.

HARRINGTON.—In Halifax, May 12th, Zilda E., only son of Dr. J. L., and Kate Harrington, aged 1 year and 8 months.

JOHNSON.—On the 10th inst., Dr. John Johnson, aged 40 years.

MENDENHALL.—Thursday evening, 4th ult., of paralysis, George Mendenhall, M. D., in the 61st year of his age.

ROBINSON.—In Brookline, Mass., May 7th, very suddenly, Willie J., only child of Dr. W. S. and Annie E. Robinson, formerly of Felchville, Vt., aged 2 years and 7 days. "Of such is the kingdom of heaven."